

NOTICE:

Please be advised that this corrected document is filed in connection with the redaction of certain potentially confidential personal information in a document previously filed in your bankruptcy case by the creditor identified herein. This corrected document is otherwise identical to the original document in all respects. The substance of the document has not been changed in any way.

WESTERN DISTRICT OF PENNSYLVANIA		PROOF OF CLAIM									
In Re (Name of Debtor) Debtor 1 Helen L. Comperatore Debtor 2 Debtor 3 Debtor 4		Case Number 07-27059-JAD									
Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.											
Name of Creditor (the person or other entity to whom the debtor owes money or property) National City Bank		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.									
Name and Address Where Notices Should be Sent: National City Bank P.O. BOX 94982 Cleveland, OH 44101 Telephone No. 866-622-6257		THIS SPACE IS FOR COURT USE ONLY CHAPTER _____ OF BANKRUPTCY CODE UNDER WHICH CASE IS PROCEEDING:									
Account or Other Number by which Creditor Identifies Debtor. <div style="background-color: black; width: 100px; height: 15px;"></div>		Check here if this Claim N/A <input type="checkbox"/> Replaces <input type="checkbox"/> Amends a previous field claim, dated.									
1. BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Unpaid compensations for services performed from _____ (date) to _____ (date) </div> </div>											
2. DATE DEBT WAS INCURRED 01/14/07		3. IF COURT JUDGEMENT, DATE OBTAINED: N/A									
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.											
<input type="checkbox"/> SECURED CLAIM \$0.00 Attach evidence of perfection of security interest Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other (Describe briefly) NATIONAL CITY VISA Amount of arrearage and other charges at time case filed included in secured claim above, if any \$0.00		<input type="checkbox"/> UNSECURED CLAIM Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$200), earned not more than 90 days before filing bankruptcy petition or cessation of the debtor's business, whichever is earlier- 11 U.S.C. 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan- U.S.C. 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use- U.S.C. 507 (a)(6) <input type="checkbox"/> Taxes or penalties of government units- 11 U.S.C. 507(a)(7) <input type="checkbox"/> Other- 11 U.S.C. 507 (a)(2), (a)(5), (a)(8)- (Circle applicable)									
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 25%;">\$11,085.83</td> <td style="text-align: right; width: 25%;">\$0.00</td> <td style="text-align: right; width: 25%;"></td> <td style="text-align: right; width: 25%;">\$11,085.83</td> </tr> <tr> <td style="text-align: center;">(Unsecured)</td> <td style="text-align: center;">(Secured)</td> <td style="text-align: center;">(Priority)</td> <td style="text-align: center;">(Total)</td> </tr> </table> <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.				\$11,085.83	\$0.00		\$11,085.83	(Unsecured)	(Secured)	(Priority)	(Total)
\$11,085.83	\$0.00		\$11,085.83								
(Unsecured)	(Secured)	(Priority)	(Total)								
6. CREDITS AND OFFSETS: The amount of all payments of this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			THIS SPACE FOR COURT USE ONLY								
Date January 2, 2008		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) /s/ Therese Green									

BS [REDACTED]
COMPERATORE, HELEN L**588 SARVER RD**SARV [REDACTED]
CRCD 840 01/02/08 13:11
CUR BAL 11,085.83 STTS CD INT/EX X/Z HOME PHONE 724-353-1492
CRDT LIMIT 10,000 CYCLE CODE 2Y WORK PHONE
AVLB CRDT 1,085- OPEN DATE 01-07 SOC SEC # [REDACTED]
LS BAL 11,085.83 EXP DATE 12-09 CHECKING
PRV H BAL 11,086 PLST# 01 TYPE 1 SAVINGS
LST PMT AM 24 LST PMT DT 08-02-07 ANNUAL CHARGE 00-00 0
AM DUE 2,031 LST MON 12-05-07 Y CREDIT LINE 01-07 C

DSP 0 0 0 LST NM 12-06-07 791 FX PY AM 0.00
AM DLQ 1,753 AUTH FLG PIN TR 0 RENEWAL CODE 6 CONTROL 0
DAYS DELINQUENT 207 OVERLIMIT HIST 6 USER FLAGS V
TIMES 1 CYCLE 0 TERMS LEVEL 1 SPECIAL FLAGS E
TIMES 2 CYCLES 0 HIST 6543 KBQQ QQA MISC F ELIT
TIMES 3 CYCLES 4 REAGE COUNTER 00 MONTHS GROSS ACTIVE 11
RECOURSE FLAG N STS CD CHG 12-05-07 DELQ SCENARIO 0002
CASH OUT 4,150 AUTO PAYMNT FLAG 0 SCORE: BH 219 CR 000
YTD INT 0.00 CRDT BUREAU FLAG 1 CREDIT LIFE 0 / DUALITY 1
CROSS REFERENCE 1 00000000000000000000 2 000000000000000000 3 000000000000000000